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CONFIRMATION NO. 3626

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|---|---|------------------------------------|-------------------------------|---|--------------------------------|
| SERIAL NUMBER 10/530,843 | FILING OR 371(c) DATE 04/08/2005 RULE | CLASS 435 | GROUP ART UNIT 1652 | ATTORNEY DOCKET NO. LEONHARTSBERGER | |
| APPLICANTS Susanne Leonhartsberger, Munich, GERMANY; Kerstin Pfeiffer, Munich, GERMANY; Christoph Winterhalter, Pocking, GERMANY; Brigitte Bauer, Munich, GERMANY; | | | | | |
| ** CONTINUING DATA ***** This application is a 371 of PCT/EP03/10978 10/02/2003 | | | | | |
| ** FOREIGN APPLICATIONS ***** GERMANY 102 47 437.0 10/11/2002 | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/02/2006 | | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY GERMANY | SHEETS DRAWING 1 | TOTAL CLAIMS 8 | INDEPENDENT CLAIMS 1 |
| ADDRESS 25889 | | | | | |
| TITLE FEEDBACK-RESISTANT HOMOSERINE TRANSUCCINYLAES | | | | | |
| FILING FEE RECEIVED 900 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |

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